

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755030

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC5510848522**

**Entity Name:** WEDGEWOOD TENNIS VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

931 S. SEMORAN BLVD.  
SUITE 214  
WINTER PARK, FL 32792

**Current Mailing Address:**

931 S. SEMORAN BLVD.  
SUITE 214  
WINTER PARK, FL 32792 US

**FEI Number: 59-2377316**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HARA MANAGEMENT, INC.  
931 S. SEMORAN BLVD.  
SUITE 214  
WINTER PARK, FL 32792 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name SOLOMON, DOREEN E  
Address 931 S. SEMORAN BLVD- STE 214  
City-State-Zip: WINTER PARK FL 32792

Title PRESIDENT  
Name WALLACE, BRIAN  
Address 931 S. SEMORAN BLVD- STE 214  
City-State-Zip: WINTER PARK FL 32792

Title TREASURER  
Name REUTER, BARBARA M  
Address 931 S. SEMORAN BLVD- STE 214  
City-State-Zip: WINTER PARK FL 32792

Title SECRETARY  
Name COMBS, ANNE  
Address 931 S. SEMORAN BLVD- STE 214  
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR  
Name THOMAS, FRED  
Address 931 S. SEMORAN BLVD- STE 214  
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR  
Name VELEZ, LOUIS  
Address 931 S. SEMORAN BLVD.  
SUITE 214  
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR  
Name KELLICUT, SUSAN L  
Address 931 S. SEMORAN BLVD.  
SUITE 214  
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR  
Name ZWISSLER, CHESTER J. JR.  
Address 931 S. SEMORAN BLVD.  
SUITE 214  
City-State-Zip: WINTER PARK FL 32792

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BRIAN WALLACE**

**PRESIDENT**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           STORY, MARY ELAINE  
Address        931 S. SEMORAN BLVD.  
                  SUITE 214  
City-State-Zip: WINTER PARK FL 32792